

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050758

7080

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 17 1964

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 9 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		d. STREET ADDRESS (If outside, give location) 3428 PENNSYLVANIA	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GRANT ARMITAGE FORBES		4. DATE OF DEATH Month December Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-20-00
9. AGE (last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Force		11. BIRTHPLACE (City and state or country) New York City, N.Y.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Force		10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force	
13a. FATHER'S NAME Charles W. Forbes		13b. MOTHER'S MAIDEN NAME Caroline Owens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		17. INFORMANT Marie Forbes, wife	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Marie Forbes, wife	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, right lung		12. CITIZEN OF WHAT COUNTRY U.S.A.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Bronchogenic carcinoma of right lower lobe; with cerebral metastasis		14. NAME OF HUSBAND OR WIFE Marie Forbes	
DUE TO (c) [REDACTED]		17. INFORMANT Marie Forbes, wife	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA Hospital, Kansas City, Mo.	
20g. COUNTY [REDACTED]		20h. STATE [REDACTED]	
21. VA attended the deceased from Sept. 4, 1963 to Dec. 29, 1963 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. H. CHOI, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 12-30-63		22d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-64	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 12-30-63	
26. REGISTRAR'S SIGNATURE Bessie Smith		26. REGISTRAR'S SIGNATURE Bessie Smith	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address 1100 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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